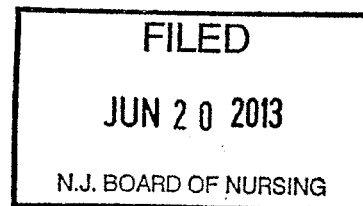


JOHN J. HOFFMAN  
ACTING ATTORNEY GENERAL OF NEW JERSEY  
Division of Law 5th Floor  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the Board of Nursing

By: DAG Susan Carboni  
Tel. (973) 648-2894



STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF NURSING

---

IN THE MATTER OF THE SUSPENSION :	Administrative Action
OR REVOCATION OF THE LICENSE OF :	
:	
LINETTE ALLEN, L.P.N. :	ORDER OF SUSPENSION
LICENSE # NP 06476100 :	OF LICENSE
:	
:	
TO PRACTICE AS A LICENSED :	
PRACTICAL NURSE IN THE :	
STATE OF NEW JERSEY :	

---

This matter was opened to the New Jersey State Board of Nursing (" Board") upon the receipt of information indicating the following;

1. Respondent, Linnette Allen, is the holder of License No. NP 06476100 and is a licensed practical nurse in the State of New Jersey.

2. Respondent entered into a private letter agreement with the Board, which she signed on or about June 27, 2012. (Exhibit A) The agreement required respondent to enroll in the Recovery and Monitoring Program of New Jersey (RAMP), undergo evaluation and monitoring, agree to follow recommendations by RAMP for further treatment, and to refrain from the use of any and all potentially addictive substances. (Exhibit A, ¶¶2, 6, and 10.) The agreement was to have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4. In the event that the Board received reliable information that respondent had acted in violation of the RAMP contract and/or the agreement, the agreement was no longer to remain confidential.

3. In a communication dated February 1, 2013, RAMP's Interim Director advised the Board that respondent was noncompliant with RAMP monitoring requirements. (Exhibit B)

4. On or about May 21, 2013, a letter issued by overnight and regular mail to respondent at her address of record, and at an alternative address indicated on her RAMP compliance report forms, advising respondent that the Board had received credible information indicating that she was not in compliance with the private letter agreement, and advising her to forward within five days any proof that she was currently in compliance with RAMP. The overnight mailing to respondent's address of record was returned. The overnight mailing sent to the address on the RAMP

compliance report was delivered on May 22, 2013. The regular mailings were not returned. No response has been received to date. (Exhibit C)

5. The private letter agreement signed by respondent provided for automatic suspension of respondent's nursing license upon receipt of reliable information indicating that respondent has violated any term of the private letter agreement. (Exhibit A, ¶13)

6. A certification from RAMP's Director dated June 12, 2013 indicates that respondent ceased participating in RAMP after January 7, 2013. Since that date she has stopped calling in daily as required by RAMP, has failed to attend scheduled drug screenings, has ceased attending peer group meetings, and although she telephoned RAMP on May 29, 2013, she has not returned to compliance with the program. (Exhibit D) This conduct constitutes a violation of the private letter agreement signed by respondent.

IT IS on this 20<sup>th</sup> day of June, 2013

HEREBY ORDERED that:

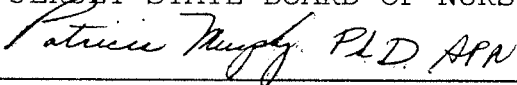
1. Respondent's license to practice nursing in the State of New Jersey shall be and hereby is suspended for her violation of the private letter agreement, which is deemed a violation of a Board Order within the intendment of N.J.A.C. 13:45C-1.4 and N.J.S.A. 45:1-21(e).

2. Respondent may, under the terms of the private letter agreement, upon notice, request a hearing on the sole issue of whether respondent has failed to comply with the terms of the private letter agreement.

3. In the event that respondent seeks reinstatement of her New Jersey nursing license at any future time, the Board shall not entertain any application for reinstatement without respondent's demonstrating that she is in full compliance with the terms and conditions of the private letter agreement and with any agreement with RAMP.

NEW JERSEY STATE BOARD OF NURSING

By:

  
\_\_\_\_\_  
Patricia Ann Murphy, PhD, APN, C  
Board President

# **EXHIBIT**

## **A**

---



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6<sup>th</sup> Floor, Newark NJ 07102  
[www.njconsumeraffairs.gov/medical/nursing.htm](http://www.njconsumeraffairs.gov/medical/nursing.htm)



PAULA T. DOW  
Attorney General

THOMAS R. CALCAGNI  
Acting Director

Mailing Address:  
P.O. Box 45010  
Newark, NJ 07101  
(973) 504-6430

June 5, 2012

### Regular Mail

Ms. Linnette Allen  
3720 Herbert Ave Apt C  
Pennsauken, NJ 08110

26NP064761000

Re: Private letter agreement

**NOT FOR  
PUBLIC DISCLOSURE**

Dear Ms. Allen:

The New Jersey Board of Nursing and/or RAMP has reviewed information which reveals that you may have problems related to mental health and/or substance abuse that could have affected and/or might subsequently affect your nursing activities. The Board has therefore authorized me to propose to resolve this matter by private letter agreement. However, if this agreement is not returned signed within fifteen (15) days, this offer may be withdrawn. Moreover this offer of private resolution is premised on the information of which the Board and/or RAMP is currently aware, i.e., that the Board was advised in May 2012 by Mt. Laurel Center and Rehabilitation that you were suspected of diverting Percocet and Xanax while on duty. In the event that information emerges indicating that the dimensions of the problem are greater than indicated above, or that your conduct results in a criminal conviction, the Board reserves the right, in light of its responsibilities, to take public disciplinary action. Except as indicated above, or if the Board receives reliable information indicating that you have violated this agreement, the Board will shall maintain the confidentiality of this letter agreement.

In order to determine how to finally resolve this matter, the Board requests that you sign this document in order to indicate that you:

1. Agree to undergo a comprehensive mental health and substance abuse evaluation to be conducted by a qualified mental health evaluator as recommended by the Recovery and Monitoring Program of New Jersey (RAMP) within 30 days hereof, if required by RAMP. Agree that the evaluator shall prepare a report which shall include an evaluation of your mental health condition and substance use history (if any), whether you are able to safely and competently practice nursing, and said report shall include recommendations for further treatment and monitoring, if applicable, including the need for continued random urine screens, or limitations of practice.
2. Agree to enroll in RAMP (The Recovery and Monitoring Program) for a minimum of 90 days during which time you shall be required to undergo random observed urine screens panel or hair screens, submit monthly self-evaluation reports, and attend regular Peer Support Meetings. Your failure to submit to or provide a urine or hair sample when requested, failure to supply

reports on a timely basis, and failure to attend peer support meetings shall be deemed to be a violation of the terms of this agreement, as shall other violations of your RAMP contract.

3. Agree to arrange for the aforementioned comprehensive mental health and substance abuse evaluation report to be forwarded to the Board and to RAMP within 30 days hereof.
4. Agree that RAMP shall notify the Board immediately if you become noncompliant with the program requirements and provide the Board with a copy of all documents relating thereto.
5. Agree to submit complete copies of the RAMP Initial Application form and RAMP Agreement form to the Board within 30 days hereof.
6. Agree to follow the recommendations (if any) by RAMP and/or the evaluator for further treatment, which may include inpatient or intensive outpatient treatment, and/or more lengthy enrollment in RAMP, and to limit your nursing practice if recommended by RAMP. This may include your placing your nursing license into inactive status.
7. Agree to be responsible for all costs of the comprehensive mental health and substance abuse evaluation, urine screens, the enrollment participation fees associated with RAMP and/or further treatment and monitoring, if applicable.
8. Agree that until successful completion of RAMP you will notify RAMP in writing of any change of employment within 10 days of being terminated, resigning or taking a leave of absence from any place of nursing employment. Also you will notify the Board in writing of any change in name or official address of record within ten days thereof.
9. Agree to notify the Board in writing if you are arrested, indicted or convicted of any crime or offense within 10 days thereof.
10. Agree to refrain from the use of any and all potentially addictive substances except as prescribed by an authorized health care practitioner. You shall report any such use to RAMP in writing within five days of receiving such a prescription together with the name of the prescribing health care practitioner, the name of the drug, the quantity, frequency, length and reason for its use.
11. Agree that your signature on this agreement shall specifically constitute a waiver of confidentiality of documents and information forwarded by the Board to RAMP and by RAMP to the Board, and received pursuant to this agreement, so as to permit their use, and use of this private letter agreement, in any proceeding regarding your license in the event you violate any provision of this agreement.
12. Agree that you shall remain in RAMP until successful completion of or release from the program. Agree that unless you have successfully completed RAMP, and received written notification from the Board that you are relieved of the requirements of this letter agreement, you may not modify the conditions of this agreement without submitting a written petition to the Board providing a detailed explanation of the basis for your modification request, and then entering into a new, modified agreement with the Board which may not necessarily be confidential.
13. Agree that any deviation from the terms of this private letter agreement without the prior written consent of the Board shall constitute a failure to comply with the terms of this agreement.

Upon receipt of any reliable information indicating that you have violated any term of this agreement, your nursing license may be automatically suspended by the Board. You may, upon notice, request a hearing to contest the entry of such an order. At any such hearing the sole issue shall be whether any of the information received regarding your violation of the agreement was materially false. In addition, the Board reserves the right to bring further disciplinary action.

Upon your forwarding this signed agreement, of which you should retain a copy, to my attention, you should immediately contact Wendy Summers, at (609)883-5335, Extension 23, leaving a message with a telephone number where you may be contacted. In the event that there is no response within 48 hours, you may contact Jamie Smith, RAMP's Interim Director, at (609)883-5335, Extension 20, and leave a message with a contact number. Be prepared to forward a copy of this letter to RAMP. You will be promptly contacted and advised as to how to proceed in order to enroll in RAMP, and to obtain the written evaluation. This agreement and any resulting evaluation shall remain confidential unless you fail to abide by its terms. This agreement shall have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4.

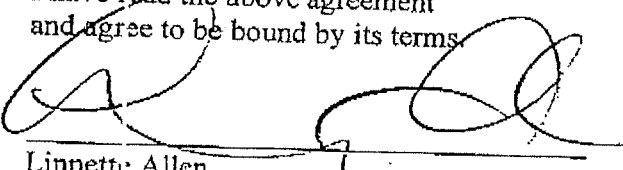
Very truly yours,

By:

A

Patricia A. Murphy, PhD, APN  
Board President

I have read the above agreement  
and agree to be bound by its terms.

  
Linnette Allen

6/27/12  
Date



**B**

Patricia A. Barnett, RN, JD  
Chief Executive Officer  
Jamie Smith, MSN, RN, MSN  
Interim RAMP Director

February 1, 2013  
Mr. George Hebert, RN, MA  
Executive Director  
New Jersey Board of Nursing  
124 Halsey Street 6<sup>th</sup> Floor  
Newark, NJ 07102

RE: Linnette Allen Participant #3265      LPN# 26NR14428900 (Inactive)

Dear Mr. Hebert,

This letter is to notify you that Linnette Allen RAMP participant #3265 has been noncompliant with her RAMP monitoring requirements.

Ms. Allen was initially enrolled in RAMP for an evaluation. Ms. Allen signed her private letter agreement on June 27, 2012. Following a positive drug screen, Ms. Allen was asked to inactivate her license, which she did on August 8, 2012. Ms. Allen was compliant with her monitoring through January 7, 2013. She was sent a new five year contract on January 3, 2013 following an evaluation with Phoebe Brady. The evaluator stated: "I believe Ms. Allen was not forthcoming. It is my recommendation she should be referred to Level I counseling and remain in RAMP."

Ms. Allen was sent a new five year contract on January 3, 2013 and did not return agreement to RAMP. She ceased participating in RAMP January 7, 2013. A non-compliant letter was sent to participant on January 21, 2013.

Non-Compliant Issues Include:

- Failure to sign new five year contract and return to RAMP
- Failure to check in after January 7, 2013
- Failure to attend peer group in January 2013
- Failure to attend drug screen requests (January 18<sup>th</sup> and 22<sup>nd</sup> 2013)
- Failure to respond to case manager and non-compliant letter

Ms. Allen has failed to respond to RAMP's efforts to contact her on 1/10/13 and 1/21/13. At this time RAMP cannot assure the BON or the public that she is safe to practice. Please feel free to contact me with any questions or need clarification.

Sincerely,

Jamie Smith MSN, RN, CCRN  
Interim RAMP Director

Cc: Deborah Zuccarelli RN, NJ BON  
Nicole Peteet-Davis

**EXHIBIT**

**C**



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

*State of New Jersey*  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
PO Box 45029  
Newark, NJ 07101

JEFFREY S. CHIESA  
Attorney General

CHRISTOPHER S. PORRINO  
Director

May 21, 2013

By regular and overnight mail

Ms. Linnette Allen  
3730 C Herbert Avenue  
Pennsauken, NJ 08110

Re: Noncompliance with private letter agreement

Dear Ms. Allen:

The New Jersey State Board of Nursing is in receipt of credible information advising that you are not in compliance with the private letter agreement that you signed on or about June 27, 2012.

The Recovery and Monitoring Program of New Jersey (RAMP) has notified the Board that you were compliant with monitoring requirements until you were sent a new five year contract in January of 2003. RAMP indicates that you failed to return the new agreement to RAMP, signed, and ceased participating in RAMP as of January 7, 2013. You failed to check in after January 7, 2013, failed to attend peer group meetings in January of 2013, failed to attend scheduled drug screenings, and failed to respond to efforts on the part of RAMP to contact you.

The private letter agreement that you signed provides for automatic suspension of your nursing license for noncompliance. If the information the Board has received is not accurate, you are advised to forward proofs that you are in compliance with the private letter agreement to my attention within five (5) business days. You may send it to:



May 21, 2013

Page 2

D.A.G. Susan Carboni  
Division of Law  
P.O. Box 45029  
124 Halsey Street, 5<sup>th</sup> Floor  
Newark, NJ 07101

You may also fax me at (973)648-3879. You should telephone to verify receipt. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the suspension of your nursing license.

Thank you for your attention.

Sincerely yours,

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY

By: *Susan Carboni*  
Susan Carboni  
Deputy Attorney General



CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

*State of New Jersey*  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
PO Box 45029  
Newark, NJ 07101

JEFFREY S. CHIESA  
*Attorney General*

CHRISTOPHER S. PORRINO  
*Director*

May 21, 2013

By regular and overnight mail

Ms. Linnette Allen  
5100 Marlton Pike, Apt. #1  
Pennsauken, NJ 08109

Re: Noncompliance with private letter agreement

Dear Ms. Allen:

The New Jersey State Board of Nursing is in receipt of credible information advising that you are not in compliance with the private letter agreement that you signed on or about June 27, 2012.

The Recovery and Monitoring Program of New Jersey (RAMP) has notified the Board that you were compliant with monitoring requirements until you were sent a new five year contract in January of 2003. RAMP indicates that you failed to return the new agreement to RAMP, signed, and ceased participating in RAMP as of January 7, 2013. You failed to check in after January 7, 2013, failed to attend peer group meetings in January of 2013, failed to attend scheduled drug screenings, and failed to respond to efforts on the part of RAMP to contact you.

The private letter agreement that you signed provides for automatic suspension of your nursing license for noncompliance. If the information the Board has received is not accurate, you are advised to forward proofs that you are in compliance with the private letter agreement to my attention within five (5) business days. You may send it to:



May 21, 2013

Page 2

D.A.G. Susan Carboni  
Division of Law  
P.O. Box 45029  
124 Halsey Street, 5<sup>th</sup> Floor  
Newark, NJ 07101

You may also fax me at (973)648-3879. You should telephone to verify receipt. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the suspension of your nursing license.

Thank you for your attention.

Sincerely yours,

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY

By: Susan Carboni  
Susan Carboni  
Deputy Attorney General





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See instructions on back. Visit [UPS.com](http://UPS.com) or call 1-800-PICK-UPS® (800-742-5877) for additional information and UPS Tariff/Terms and Conditions.

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## 1 SHIPMENT FROM

SHIPPER'S  
UPS  
ACCOUNT  
NO.

**F0461E**

REFERENCE NUMBER

NAME

*SUSAN CARBONI, D46*

TELEPHONE

COMPANY

**DIVISION OF LAW**

STREET ADDRESS

**124 HALSEY STREET 5TH FLOOR**

CITY AND STATE

**NEWARK**

ZIP CODE

**NJ 07102**

## 2 EXTREMELY URGENT DELIVERY TO

NAME

*MS. Linnette Allen*

TELEPHONE

COMPANY

STREET ADDRESS

*3700 Marlton Pike Apt 1E*

CITY AND STATE (INCLUDE COUNTRY (INTERNATIONAL))

*PENNSAUKEN, NJ 08109*

ZIP CODE



WEIGHT	<input type="checkbox"/>	<input type="checkbox"/>	DIMENSIONAL WEIGHT If Applicable	<input type="checkbox"/>	LARGE PACKAGE	<input type="checkbox"/>	SHIPPER RELEASE	<input type="checkbox"/>
5 TYPE OF SERVICE	<input type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> EXPRESS (INT'L)		CHARGES			\$
	FOR INTERNATIONAL SHIPMENTS		DOCUMENTS ONLY					
6 OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP See instructions.		<input type="checkbox"/> SATURDAY DELIVERY See instructions.		\$			\$
	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE For declared value over \$100, see instructions.		AMOUNT					
	<input type="checkbox"/> C.O.D. If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.		AMOUNT					
	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.		\$					
7 ADDITIONAL HANDLING CHARGE								\$
TOTAL CHARGES								\$
8 METHOD OF PAYMENT	BILL SHIPPER'S ACCOUNT NUMBER <input checked="" type="checkbox"/> IN SECTION 1	BILL RECEIVER <input type="checkbox"/>	BILL THIRD PARTY <input type="checkbox"/> DOMESTIC ONLY	CREDIT CARD <input type="checkbox"/>	American Express Diner's Club MasterCard Visa			CHECK <input type="checkbox"/>
	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.							EXPIRATION DATE

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE

ZIP CODE

SHIPPER'S SIGNATURE *[Signature]*

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## 1 SHIPMENT FROM

SHIPPER'S  
UPS  
ACCOUNT  
NO.

**F0461E**

REFERENCE NUMBER

NAME

COMPANY

**DIVISION OF LAW**

STREET ADDRESS

**124 HALSEY STREET 5TH FLOOR**

CITY AND STATE

**NEWARK**

ZIP CODE

**NJ 07102**

## 2 EXTREMELY URGENT DELIVERY TO

NAME

**Ms. Linnette Allen**

COMPANY

STREET ADDRESS

**3130 C Herbert Ave**

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)

**PENNSAUKEN, NJ 08110**



3	WEIGHT	LTR	PAX	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE	4	SHIPPER RELEASE
5	TYPE OF SERVICE	<input type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> EXPRESS (INT'L)		CHARGES		
6	OPTIONAL SERVICES	FOR INTERNATIONAL SHIPMENTS		CUSTOMS VALUE		<input type="checkbox"/> DOCUMENTS ONLY		\$
		<input type="checkbox"/> SATURDAY PICKUP See instructions.		<input type="checkbox"/> SATURDAY DELIVERY See instructions.				\$
		<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE For declared value over \$100, see instructions.		\$		AMOUNT		\$
		<input type="checkbox"/> C.O.D. If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.		\$		AMOUNT		\$
7	ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.						\$
	TOTAL CHARGES							\$
8	METHOD OF PAYMENT	BILL SHIPPER'S ACCOUNT NUMBER	BILL RECEIVER	BILL THIRD PARTY DOMESTIC ONLY	CREDIT CARD	CHECK		
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		IN SECTION 1	RECORD ACCOUNT NO. IN SECTION 9		American Express Diner's Club MasterCard Visa			

9 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.

EXPIRATION DATE

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE

ZIP CODE

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1ZF0461E2210405848

Updated: 06/14/2013 3:39 P.M. Eastern Time

Alternate Tracking Number : 1ZF0461E1210405849

## Returning to Sender

## Last Location:

Lawnside, NJ, United States, Monday, 06/03/2013

[Change Delivery »](#)[Request Status Updates »](#)

## Shipping Information

To:  
NEWARK, NJ, US

## Shipped By

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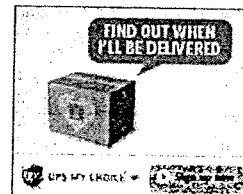
## Additional Information


Shipped/Billed On:  
Type:05/21/2013  
Package

## Shipment Progress

[What's This?](#)

Location	Date	Local Time	Activity
Lawnside, NJ, United States	06/03/2013	7:21 A.M.	The receiver was closed on the 3rd delivery attempt. / Returned to shipper. <b>Alternate Tracking Number</b> 1ZF0461E1210405849
Lawnside, NJ, United States	05/24/2013	6:23 P.M.	The receiver was closed on the 3rd delivery attempt. / A postcard has been sent to the recipient requesting that they contact UPS.
	05/24/2013	9:08 A.M.	The receiver was closed on the 3rd delivery attempt.
Lawnside, NJ, United States	05/23/2013	9:15 A.M.	The customer was not available on the 2nd attempt. A 3rd attempt will be made.
	05/23/2013	4:10 A.M.	Out For Delivery
Lawnside, NJ, United States	05/22/2013	1:08 P.M.	The customer was not available on the 1st attempt. A 2nd attempt will be made.
	05/22/2013	9:16 A.M.	The customer was not available on the 1st attempt. A 2nd attempt will be made.
	05/22/2013	7:42 A.M.	Out For Delivery
	05/22/2013	7:00 A.M.	Arrival Scan
Philadelphia, PA, United States	05/22/2013	6:30 A.M.	Departure Scan
	05/22/2013	6:18 A.M.	Arrival Scan
Louisville, KY, United States	05/22/2013	4:30 A.M.	Departure Scan
	05/22/2013	1:07 A.M.	Arrival Scan
Newark, NJ, United States	05/21/2013	10:59 P.M.	Departure Scan
	05/21/2013	10:25 P.M.	Origin Scan
	05/21/2013	7:28 P.M.	Pickup Scan
United States	05/21/2013	8:00 P.M.	Order Processed: Ready for UPS

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	<b>Proof of Delivery</b>	<a href="#">Close Window</a>
Dear Customer,		
This notice serves as proof of delivery for the shipment listed below.		
Tracking Number:	1ZF0461E2210405866	
Service:	UPS Next Day Air®	
Shipped/Billed On:	05/21/2013	
Delivered On:	05/22/2013 9:40 A.M.	
Delivered To:	PENNSAUKEN, NJ, US	
Left At:	Front Door	
Thank you for giving us this opportunity to serve you.		
Sincerely,		
UPS		
Tracking results provided by UPS: 06/14/2013 3:41 P.M. ET		
<a href="#">Print This Page</a>	<a href="#">Close Window</a>	

**EXHIBIT**

**D**

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY STATE BOARD OF NURSING

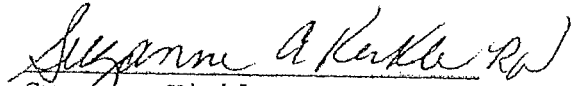
CERTIFICATION  
OF SUZANNE KINKLE

I, Suzanne Kinkle, of full age, certify:

1. I am a registered nurse in the State of New Jersey, and employed as the Director and custodian of the records of the Recovery and Monitoring Program of New Jersey (RAMP), with offices at the New Jersey State Nursing Association, 1479 Pennington Road, Trenton, New Jersey 08618. I have been employed in that capacity since May 6, 2013.

2. I have consulted the records used by RAMP in the ordinary course of business and have ascertained that Linnette Allen, R.N., who has been participating in RAMP, was compliant with monitoring requirements through January 7, 2013. She ceased participating in RAMP after that date. She has ceased calling in daily as required, has ceased attending peer group meetings, and has failed to attend scheduled drug screenings or to respond to RAMP's attempts to contact her. Although she telephoned RAMP on May 29, 2013, she has not returned to compliance with program requirements.

I certify that the foregoing statements made by me are true.  
I am aware that if any of the foregoing statements made by me are  
wilfully false, I am subject to punishment.



Suzanne Kinkle, R.N.  
Director  
Recovery and Monitoring Program

Dated:

6/12/13